WOMEN'S HEALTH MELA

AN INNOVATIVE TRAINING APPROACH FOR WOMEN

CHETNA Women's Health and Development Resource Centre Chaitanyaa

02988

WOMEN'S HEALTH MELA *
AN INNOVATIVE TRAINING APPROACH FOR WOMEN

5 - 7 April, 1990

Organised by

CHETNA Women's Health and Development Resource Centre Chaitanyaa

* Mela in Indian language means Fair.

EXECUTIVE SUMMARY

It is now being increasingly realised that many of our development programmes fail to recognise and address problems from a women's perspective. An analysis of existing health programmes reveals that inadequate importance is being given to women's health concerns.

Realising the need, to focus from this viewpoint, a Women's Health Mela (Fair) was organised with an objective to provide opportunities to women health workers to discuss women's health related concerns and share their experiences and collectively seek solutions.

The Women's Health Mela proved to be an innovative awareness and training method for grass-root women health workers. The women health workers in the three day fair discussed factors affecting women's health especially reproductive health concerns which included gynaecological and maternal health problems, menstrual problems, infertility etc. Haemoglobin estimation and clinical examination for gynaecological problems was also facilitated for the women who expressed an interest. The health workers also developed colourful posters on different themes of health and imparted education using folk media.

From our experiences of this 'Mela' we suggest the following steps to strengthen the women's health component in the on-going health trainings.

1. The regular trainings undertaken by government and voluntary Agencies for different level of workers should emphasise on women's health/ concerns, especially anaemia and reproductive health diseases.

2. The Traditional Birth Attendants (TBAs) should become a part of the Primary Health Care system and should be given opportunities to avail practical training at a Primary Health Care Centre (PHC) along with a Medical Officer to develop skillsto conduct aseptic and difficult deliveries.

3. Visual educational material designed and produced by the government should be provided to all the functionaries of voluntary agencies. "Chaitanyaa" - CHETNA's Women's Health and Development Resource Centre would be happy to undertake the responsibility of disseminating educational material in states of Gujarat and Rajasthan, if financial support is forthcoming.

4. During regular training programmes,the grassroot level functionaries should be trained to use folk media for imparting nutrition and health education.

5. Fertility awareness concerns should be included in every training programme so as to impart this education at the community level especially, to adolescent girls and boys. Finally to "focus" on women's health concerns, the "maternal" part of the on going Maternal and Child Health (MCH) programmes should be expanded to include Women's Health concerns.

Introduction

A close look at the achievements of our country over the last decade highlights the neglect of women's development/concerns. The planning and implementation of different programmes aimed at strengthening women's development lead us to raise several questions. Majority of our development programmes have failed to view the women's problems from a women's perspective, whether they be formal education, health, income generation or political participation.

Women and Education :

An analysis of the formal education system in our country shows that primary and secondary formal education systems have failed to reach out to the vulnerable population in the rural areas of India.

Despite the fact that 80% of our population resides in the rural areas, facilities for higher education and other resources are concentrated in the urban areas. Consequently, these facilities are being availed of by a very small segment of the society, and are being used as a tool to achieve higher status within the unequal power structure.

It seems apparent that the formal education system is tailored to meet the needs of the urban upper and middle classes. It is not accessible to a major section of society especially rural, tribal and slum populations, lower socio-economic class,girls and women.

In such a grim scenario, even a scheme which includes free education for girls and women does not fulfill its promise for women's development. Even today the enrollment of girls and women in formal education system does not compare significantly with the figure of enrollment of boys. Although we accept that education is a basic human right of every individual, it is a fact that women in our country have hardly any access to it.

There is, therefore, a great need to review the present education and development programmes from women's perspective and viewpoint.

Social cultural and economic factors keep Indian women illiterate. The 1991 census shows that while 64 per cent of Indian men are literate, only 39.5 per cent women can read and write.

Women and Health

The concept of Primary Health Care (PHC), reflects as "essential health care that is accessible, affordable and acceptable to everyone in the country". This includes provision of nutrition, safe potable water, sanitation facilities and child health, family welfare, treatment of common ailments, immunisation, prevention and control of endemic diseases and health education.

Overtly, it gives the impression that it addresses women's health concerns. However when observed closely, it shows that the traditional role of the women as child bearer still prevails, whereas her nutritional status, gynaecological and other health problems, fatigue and tension have been more or less neglected. It is shameful, that despite rapid development and continued emphasis on health programmes women's reproductive health concerns have been ignored. Very little data is available on these problems.

92% out of 650 women examined in Chandrapur District of Maharashtra were found to have one or more gynaecological or sexual diseases and the average number of these diseases per woman was 3.6.

*** Dr. Rani Bang's study on prevalence of gynaecological diseases in Rural India women - Lancet. January 1989.**

Our Experience

Women's ignorance, and their hesitation and inhibition to discuss their gynaecological problems have been accepted with such passiveness that they ultimately continue to suffer from several gynaecological diseases either without complaining or unknowingly. Our experience says that women do discuss about their gynaecological illness if appropriate environment is provided. There is a great need to value and promote innovative ways through which women can discuss about their health problems.

1

Health Mela - Fair as Teaching/Learning Experience in Health Education

A Mela is an intrinsic part of the Indian Rural Culture, and there is no restriction on the women for attending such an event as compared to other events in our conservative society.

Several poets and writers have written stories, poem and songs on the Mela. Women, away from worries of routine life and in the company of other women friends, enjoy themselves merrily dancing and singing to traditional folk tunes.

This is a place where they are least inhibited, open, creative and receptive to new ideas.CHETNA thought it worthwhile to utilise this traditional format for providing a learning experience and to impart health knowledge to women village health workers.

Objectives

* To provide an opportunity to women workers to discuss different aspects of women's health problems and motivate them to take timely treatment.

* To provide a platform to share the experiences of health workers on community health.

* To encourage development and use of traditional folk media and other low cost media to communicate health messages.

* To provide an opportunity for intimacy and enjoyment.

Programme Design of the Women's Health Mela

The Mela had to fulfill the multiple objectives of discussion on women's gynaecological concerns and, also provide scope for enjoyment.

The morning and afternoon sessions were structured to cover effects of different factors on woman's health and woman's health related topics. The evening and night sessions were designed for creating an atmosphere of fun and frolic, through innovative activities in the form of playing, dancing and singing.

A Day at Health Mela

Early Morning	Yogic Exercise
Morning Session	Group discussionon women's health concerns
Evening Session	Play and folk dancing
Night Session	Henna

Participants

Approximately 150 Women Health Workers of community based Voluntary Organisations from different parts of Gujarat participated in the Mela. They had experience ranging from 2 to 20 years in the field of community health. The name of organisations which participated in Health Mela are given in Annexure - I.

Registration of the Participants

To set the stage in an informal environment the registration started under the banyan tree at 8.30 a.m. sitting on the ground, along with distribution of Jasmine gajra (Flowers).

Learning Environment

Shreyas Foundation, Ahmedabad, Gujarat is a unique educational institution surrounded by natural greenery. To create an atmosphere of a Mela, a Shamiana, (a large colourful tent) was pitched under a huge banyan tree. An exhibition on women's health was arranged to create a environment for learning.

Educational Kit

Health Workers have an important role of a Health Educator. To re-emphasise this role and to enhance their knowledge, an educational kit developed by CHETNA was provided to them. It included visual media on topics related to women and child health. The details are given in Annexure - II.

Inauguration

Ms. Leenaben Sarabhai, Founder of the Shreyas Foundation inaugurated the Mela by lighting the lamp.

The strong gust of wind delayed the lighting of the lamp, the flame was kept steady by covering it with hands on the side. Leenaben compared the life of woman with the flickering flame and likened the wind to obstacles. She emphasised that there are far too many obstacles in women's life which often lead to sorrow and disappointments. In such situations women need each other's support to keep the flame steadily burning.

Ms. Leenaben's inspiring speech followed a presentation of the present scenario of women's health status in our country by Ms. Indu Capoor, Director, CHETNA. She encouraged the participants to utilise the three days optimally to get a new insight through the knowledge gained. The inauguration was wrapped up by collectively singing a song on women's issues.

Introduction and Sharing of Experiences

To build up confidence and to give validation of their efforts on community health, one of the participant was encouraged to share her successful field level experiences, followed by other participants.

The presence of microphone and video camera enhanced the interest of the participants.

2

Factors Affecting Women's Health

Many factors affecting women's health, are deeply rooted in our social structure where women have secondary status resulted in low self esteem.

Socio-cultural, economic, religious and political factors further influence their health status.

During the mela these factors were discussed in small groups to facilitate deeper understanding on issue and to give an opportunity to share related experiences. This provided common understanding that women have common problems which can be solved if they come together.

Open ended Role Plays to stimulate the discussion were initiated by CHETNA team members on Socio-cultural, Religious, Economic and Political factors affecting women's health. This was followed by small group discussion.

Women could relate the role plays with their personal lives, which they shared during discussion. These experiences were then put together in conceptual frame work by the facilitator. Then the participants presented the discussion of small group at in the large group.

Women's Nutrition and Society

"In our family we have always eaten after the male members have eaten, our daughters are also eating after their brothers and other adult male members eat." One of the group member talked about the routine eating pattern at her family level.

In the Indian context the social customs require that the male members of the family eat first and women and girls eat later. By doing so, women end up eating left over and less than their physical requirement. Repeated pregnancies aggravates the poor nutritional status among women. Certain beliefs and taboos related to food further prohibit quantity and quality of foods during important phases of her life like pregnancy and lactation.

It is known fact that if the woman has delivered a girl child mother's nutritional input is neglected. The girls food and other development needs are neglected during childhood and adolescence. In such a family the girl child grows with a feeling of low self esteem.

The quantity of food is restricted during the adolescent phase of the girl fearing that she would grow rapidly, which eventually lead to societal pressure on the parents for her early marriage. It involves a large financial commitment for dowry and other social customs. The under-nourished girl child grows up as an undernourished woman and a mother. Such a vicious cycle has continues for years and still going on.

The women during the discussion could articulated the direct effect of patriarchal society on their nutritional status. The issue was then discussed in a broader perspective. Women play a central role in food production including handling, preserving and cooking for the family. Unfortunately even after performing this important role, it does not reflect on their control over cooked food for their own daily consumption. They end up eating only the leftovers and that for the least.

The problem of under nutrition needs to be dealt at broader perspective of the power structure operating within the society and plan an action to bring a change.

Foods related beliefs

Pregnant women are not allowed to consume milk as it is believed to cause tetanus. She cannot eat food items which are white in colour as it is believed that they deposit on the foetus and eventually lead to a difficult delivery. She should eat less so that she can deliver a healthy baby.

A lactating mother should not consume large quantities of liquids as it could lead to a large belly.

Women's Health and Society

During the discussion the points that emerged mainly focused on how social pressure affects women's health. They were related to the gynecological illnesses and occupational illnesses.

Gynecological Health

"My mother died with prolapsed uterus and its complications. I came to know many years later from my relatives." A woman narrated the experience of her mother which explains the severity of the women's health problems.

Women are bearing multiple burdens of routine domestic activities, child bearing, fulfilling the families needs and wage earning etc. along with poor nutrition. They are more prone to illnesses. The common illnesses are sometimes noticed by the family members but the gynecological illnesses usually remain unnoticed as they do not get an appropriate environment to discuss. The non availabilities of women doctors at village level and lack of appropriate facilities for treatment leads to further neglect of the illness.

Occupational Health

A woman while narrating experiences of the health hazards faced due to occupation said that women working in the paddy fields develop fungal and bacterial infection in their feet. Women working in tobacco factories suffer from respiratory problems. None of these get any recognition as ailments and women are denied treatment. They said that very often women are compelled to work, even when in poor health. Most often women work in the unorganised sector. The occupational health hazards of this sector are given least priority by the society and the government.

These personal experiences of gynecological health and occupational health were then analysed in the frame work of patriarchal society. The group felt that the patriarchal societal structure has a strong influence on our health system. Our Primary Health Care system doesn't take care of women's gynecological illnesses. Women's secondary social status has given them back breaking tasks like fetching fuel and water, farming etc. This physical over burden along with occupational health hazards results in backache, fatigue, tension, lower abdominal pain which is neither recognised nor treated within the health system.

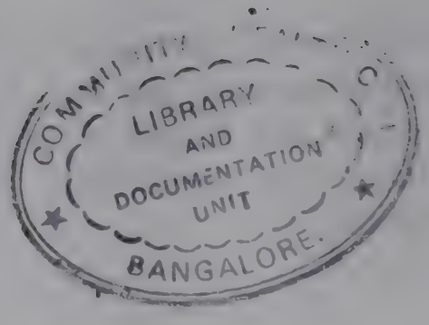
Marriage and Women's Health

"A woman slum dweller's husband had an extra-marital relation with another woman. He divorced his wife overnight and took custody of their 2 months old child, who eventually died a few days later. The woman broke down when she learnt about the death of the child. The neighbours labeled her as a lunatic after this episode." One of the participants narrated a case.

The case reflects the limitation of the legal system to protect women in such cases. We still live in a society where marriage is not legally registered, in such a case it is very difficult for women to take legal assistance. Also there is not enough awareness about the availability of law.

Apart from this, where marriage is legally registered every day many women within the marriage structure go through psychological problem and physical injury due to wife beating. Also thousands and thousands of women go through rape everyday within the marriage structure. The health hazards resulted out of marriage system is usually never reveals . It remains within the four walls of the so called "Respected Family".

Early marriage is also quite common, marriage just after puberty adversely affects the girls, mental and physical health. All these discussions, reflects that society every day develops a woman with a low self-esteem, poor nutrition and ill women, which overall affects the strength of womankind.



Women's Nutrition and Religion :

While discussing Women's health with respect to religion many beliefs and customs were articulated by the women. Some of them are narrated here.

A girl has to observe a series of fasts from childhood. Before marriage, fasts are observed to get a good husband and after marriage, for the welfare of her household, husband and children. There are many fasts which only the women observe where they are denied even a glass of water. It is common for women to observe one or two fasts during the week.

Even during the fast she has no respite from her domestic duties, agricultural, animal husbandry and child-care responsibilities. Repeated fasts affects her already poor nutritional health status.

Women's Emotional Health and Religion

The group felt strongly that religion also affects women's emotional health. Some religious customs are highly discriminatory for women. For example the blessings like 'Akhand Shaubhagyavati' or eternal marriage usually given to a woman conveys an indirect message that life of the husband be longer than that of the wife.

The Hindu religion indirectly elevates the husband's status to that of 'God' therefore throughout her life the wife does everything for him, overlooking her own needs completely. Muslim religion does not allow women to participate in any outside activity. In case they go out they have to wear a 'Burkha' which confines them within the house. One woman narrated how in one of the villages a woman wearing 'Burkha' died falling into a ground level well.

The menstrual period is considered to be an impure period. The woman is denied access to the temple or to attend any religious ceremony. Nor can she enter the kitchen or touch other people. However, she has no respite from the housework. She is denied eatables which are considered holy, such as milk. In many communities they observe fast during the menstrual period believing that fasting purifies the body.

A widow cannot participate in many social and religious ceremonies such as marriage or festivals like Holi, Diwali, etc. Also she is not allowed to eat certain foods which are known to increase sexual desire. If a woman has no issue or a history of miscarriage she is again denied participation in religious ceremonies.

All these customs, beliefs and restrictions affect emotional health of women which may result in low self esteem. This prevents them from realizing their own potential. Religion also takes away a woman's control over her own body and she is always viewed as her husband's property. Women expressed that they never analysed their position in society as was discussed in the session. Till date they had followed religion blindly.

While understanding the discussion and the social religious customs from women's perspective the group came out with the understanding that most religions in India discriminate against women. They reinforce a woman's role as a child bearer and rarer and a care taker of the family's needs, health and the home through different mythological stories.

Women are generally considered to be endowed with extreme qualities. Women hence have to struggle and go through mental torture to preserve their image. The episode of Hindu mythology of "Sita" who had to prove her purity after she came back from "Ravana's custody" by walking through fire has been drilled in our societal structure.

Women facing psychological problems due to socio-religious pressures are neglected and their problems are treated as psycho-somatic disorders by medical professionals. At the Primary Health Centre, no support system provided to such cases.

One of the women narrated her experience. Her husband bought a cycle for their son without soliciting her opinion. She felt hurt. Her husband thrashed her when she purchased a pressure cooker from her salary so as to reduce her work load. She said that after that episode she had lost the courage to take decisions for purchasing things for herself or for the household. The discussion was then focused on how economic dependency of women affects their decision making power.

When women are not working outside and they only take care their decision regarding economic matter are not considered. In many households women are provided with as fixed amount of money to maintain the household activities which is usually not enough. In such a case she cuts down the expenses on her personal needs including foods to meet the needs.

Women mentioned that though some of them are earning they could not take decisions on expenditure. They had to hand it over to their husbands. Many women expressed their personal experiences saying that as they do not have cash in hand, they had to forego medical treatment for themselves.

Another point expressed by the women was that they always plan their income budgeting for household activities and well being of the family, whereas, men spend money pursuing their own interests and hobbies and on items like cigarettes, alcohol, betel leaves and gambling etc. Some women expressed that since they were brought up as nurturers, they considered their health to be the last priority and would prefer to spend on their family and home.

In case a woman has a girl child, she has to plan the expenditure for her marriage in which dowry is a major component. She starts saving money from the day of her birth and curtails expenditure on herself. The husband does not take interest in such responsibility where as women are always due to the social environment get pressurised to do so.

Viewing this discussion from the global perspective it reflects that since times immemorial women have played the multiple roles of wife, mother, housekeeper and wage-earner. Women are not paid for their work in cash or kind. On the other hand, the men have always played the role of a primary wage earner. Such traditional, stereotype gender biased role of women has denied women access to handle money and therefore they are alienated from economic decision making, while men draw power from their role of being the wage earner.

Today although women bear the additional burden of wage earning, it does not spare them from domestic chores which is never shared by men. Besides they have not gained control over the family's decision making process or in the money matters of the family. Analysing the income generating programmes of our country especially those planned for women are primarily home based. This re-emphasises their dual role of domestic worker and wage earner. It has increased their load rather than giving them freedom of decision making.

Women's Health and Political factors

The group discussion started with a very interesting point that emerged was that since there are no women members in the Gram Panchayat (Village Committee) women's problems are not paid much need at the local level. Women also said that if they expressed their wish to attend the meeting their husbands would prevent them as they felt they were not capable enough.

The discussion then focused on the prenatal sex determination test and the misuse of technology. The women recounted the ancient practice of killing the new born girl children by drowning them in tubs full of milk. Now, they are being killed in the womb of the mother itself.

Cases of urban women who had undergone repeated abortions within short intervals after undergoing sex determination tests because they had conceived a girl child were narrated by participants. Such examples shocked the rural and tribal women,where this technology had not reached. Though this technology affects the whole womankind no political action has been taken by the state Govt.

The point, that trauma of repeated pregnancy compels women to consider the use of contraception, sparked a discussion on the advertisement campaign for use of Pills and Copper "T" which does not talk about the side effects of these family planning methods.

It was expressed by the group that doctors ignore women's complaints about heavy bleeding after inserting Copper "T". It was also felt that the family planning camps emphasize only on women's sterilisation methods and do not take adequate post operative care. Very often failure of vasectomy, creates tremendous social pressure on wives.

Taking the strings from the group discussion one feels that many laws have been framed for the development of women but due to lengthy and complicated procedures, women never get benefit of these laws. One feels that today, due to many reasons women do not have political say where they could influence the Government. However in the changing scenario, women could probably influence the policy to give due respect to the problems of women's health.

The politics of family planning programme is widespread and is definitely discriminatory towards women. This programme affects the health of women and does not take into account the reproductive health concerns of women such as menstruation and infertility. Also the facilities for women's health and their gynecological problems have not got adequate place in the health programme which clearly indicates neglect of women's health at the political level.

Participants felt the need for an action programme which could begin with awareness building. They formulated awareness programmes at different levels. Details in Annexure. III.

3

Women's Health Problems

Today 7 out of 10 women of our country suffer from Iron deficiency i.e. "Anaemia"

Dr. Rani Bang's study conducted at Chandrapur district on prevelance of gyaenecological illness highlights that 92% of women examined had one or more than one gynecological or sexually transmitted diseases.

A study on maternal mortality conducted in Rural Northern India also highlights that anaemia ranks second amongst the causes of maternal death

These statistics indicate the severity of women's health concerns. They are based on the few studies carried out in the field of women's health. There is a great need to focus on problems such as Leucorrhoea, menstrual problems, anaemia, infertility and problems during delivery and complications following child-birth.

To understand these health problems of women in the social context they were discussed in four small groups. The small groups discussion was then individually presented in the large group.

Anaemia

Anaemia is the medical term for deficiency of iron which is a serious public health problem in India. Studies have proved that Anaemia affects the psychological and physical development, behaviour and work performance of the person. Dietary inadequacy of iron, malabsorption of iron, poor protein intake take in the diet are the major reasons for anemia.

The problem of Anemia has been neglected in our country both by the patients as well as by the doctors. The symptoms of anaemia like breathlessness and tiredness have become part of women's life and are hence ignored by women. The health workers though well aware about the symptoms of anemia could not relate it with their own health. After narrating symptoms of anaemia 26 out of 30 women could relate with the symptoms that they had been women Usually these symptoms are not discussed by the patients with the doctors ; and doctors never ask about the same to patients so continues to affect anaemia women's health.

Several studies have shown that dietary iron of Indian women is insufficient to fulfill the recommended dietary allowance. On other hand, the WHO standards of 11 gm/dl of hemoglobin has been lowered to 10 gm/dl for Indian women by Indian Government. This data provided the complexities of the problem of anemia in Indian context.

The group discussed the problem of anemia from the social perspective . They classified social reasons for anaemia in three major categories :

1. Daily eating pattern of women in family

Women usually eat last in all families whether they be daughters-in-law or mothers in-law or daughters. Due to this traditional practice woman are deprived of adequate food resulting in low iron and protein in take.

Women usually do not cook green leafy vegetables, which are rich sources of iron, mainly because these foods reduce in volume after cooking. If cooked these foods usually do not reach the women who eat the last in the family.

In many parts of Gujarat, tea is consumed along with lunch and dinner. Tea interferes with the absorption of iron.

Hemoglobin Estimation :

During the Health Mela, a facility was provided to estimate the Hemoglobin (Hb). It was organised to understand the severity of the anemia among women and sensitise the health workers to take action towards promotion of anemia. The Hb% estimation was done by Saheli's method on 109 participants which comes to about 81% of the total.

Results of Hb estimation :

The results indicate that about 93% of the women examined were anaemic. About 6% were severely anemic whereas 51% had Hb lower than 8gm % .

Prevalence of anaemia :

Hb% in gm%	Nos of cases	Percentage %
Normal 10.1 to 11	08	7.3
Mild Anaemia 8.1 to 10	43	39.5
Moderate Anaemia 6.1 to 8	51	51.0
Saver Anaemia Less than 6	07	6.4

Counsealling for the treatment

After the Hb% estimation, and knowing the cause of the anemia efforts were made to explain to them the importance of treatment. They were asked to take a course of iron tablets to increase their Hb level. At the mela they were given a one month course and motivated to collect tablets for the course for two more months from their respected PHCs. It is interesting to note here that most of them also distributed iron folic acid tablets to the community.

2. Social beliefs related foods consumed during pregnancy and lactation leading to anaemia

Consumption of green leafy vegetables is considered a taboo during pregnancy and lactation as is believed that it leads to green diarrhoea

Foods white in colour are also avoided as these are supposed to deposited on the foetus in the uterus and lead to a difficult delivery. Thus protein rich foods such as milk, milk-products, eggs which are essential components for building up hemoglobin are, often denied to women

It is believed that pregnant woman should eat small quantities to give birth to a healthy baby and to facilitate easy delivery. This ultimately result in low iron and protein intake.

3. Too early, too close, too many pregnancies

Due to social constrain early marriage, early pregnancy, too close and too many pregnancies is a common feature in India. An average Indian (Village) girl gets married at 14-15 years of age results in pregnancy at an early age.

If the first child is a girl, the couple immediately tries for a second pregnancy to have a son. Even after the birth of a son, the survival is not ensured due to the high infant mortality rate so, they tries for the second son, resulting in too close a pregnancy, which further deteriorates the anaemic condition of the woman.

Side effects of Anaemia

While discussing the side effects of anaemia, women linked the cases of still birth and miscarriages to severe anaemia. However, they could not substantiate this with any proof. It is worthwhile to note here that many young unmarried girls in rural areas and urban slums have complained of white discharge which most probably is due to anaemia but as it was never known, it was always linked with the diseases of married women and a doctor was never consulted if an unmarried girl complaineded of white discharge.

The group summed up the discussion by an understanding that as health workers, one of their major roles was that of health educators wherein they would have to make the women realise the importance of iron deficiency, anaemia and its effect on women's health. Also that they should make efforts to spread awareness about the availability of iron tablets from the Government under the National Nutritional Anaemia Prophylactic Programme.

Problems during Pregnancy and Delivery

The maternal mortality rate of India is about 5 to 6 per 1000 live births which is very high compared to the developed countries like USA and Japan where it is about 0.09 and 0.2 per 1000 live births respectively. In India the total maternal deaths per week are more than those in the whole of Europe in a year.

The group discussed the topic from three different perspective mainly physiological reasons, social reasons and unavailability of medical facilities.

Physiological Reasons

Anaemia and under-nutrition during pregnancy play a major role in maternal mortality. During delivery prolonged labour, eclampsia, malpresentation of the foetus, postpartum haemorrhage, obstructed labour and retained placenta are major causes of maternal morbidity.

The majority of the women in this group were the local Traditional Birth Attendant - TBA's. They discussed on problems faced during delivery.

Social Reasons

Pregnancy at young age, poor spacing between two children, illiteracy, delivery done by untrained TBA's in unhygenic environments contribute to the high maternal mortality rate which has roots in the social customs and beliefs.

Unavailability and non-utilisation of medical services

In some places unavailability of medical facilities have contributed to maternal mortality. Also studies have shown that due to long distance, loss of daily wages, unavailability of transportation, long wait at PHC's, apprehension and fear of government functionaries and structures, lack of confidence in the service and lack of a care taker of children at home , have played an important role in high maternal mortality rate. These reasons matched with the points discussed amongst the group.

Unhygenic Delivery Practices

Many TBA's wear bangles which cannot be removed. Therefore it is difficult to ensure cleanliness and this leads to infection. The delivery is usually conducted where the animals are housed which is , a dark and damp directly on the mud floor, therefore hygiene is not maintained leading to infection. Umbilical cord is cut by unsterilized instruments like stone, cooking knife, datardu(sickle).

The group felt that since 80% deliveries are still conducted at village level, training on aspeptic methods should be given to TBAs.

Infertility

There are many reasons for infertility. Usually 5% to 10% couples in the community are infertile, out of which 25% are males, 50% are females and among the remaining 25% both males and females are responsible. This 25% include 10% of the couple for whom causes can not be determined.

Scientific Discussion on Infertility

After providing the scientific information related to anatomy, physiology, conception and determination of sex at conception, technical reasons for infertility were discussed. They were hormonal imbalance, thyroid malfuctioning, retroverted uterus, permanent sterility due to mumps during childhood , insufficient sperm count in men etc.

Infertility and Society

The group felt that in a Patriarchal society , women are usually blamed for the problems of infertility. Women face direct and indirect social tensions from family members and from society in cases of infertility. Several cases of women becoming mentally ill due to the problems of infertility were narrated. Many women have been murdered or were forced to commit suicide due to social pressures. Women are blamed for infertility and are often thrown out of their matrimonial homes and their husbands remarry.

During the group discussion, their perspectives and ideology regarding infertility were discussed. The status attributed to the fertile women who bear a child, the humiliating treatment of the infertile women and other social factors were discussed at length.

The group collectively articulated that the root causes for such torture to women which are mainly unawareness of society regarding the determination of sex at conception. Secondly as per religious expectations having a male child is which considered a necessity as at the death of parent the male child has to give "Agnidah" (putting a fire to dead body).

It was agreed, that if awareness was created amongst the community regarding the reproductive system its relation to STD and infertility many of the myths would be dispelled and then social attitude towards a "barren" woman (infertile woman) could be altered. Also couple counseling and adoption of child were discussed at length.

Some of the prevalent beliefs and practices in relation to infertility

1. Only the woman is responsible for not conceiving.

2. In most cases, the man remarries if his wife does not conceive. If the second woman also fails to conceive then only is the man suspected of infertility.

3. A 'barren' woman is considered inauspicious and hence her entry is banned from social and religious ceremonies like "shrimant" - a ceremony during pregnancy. Such a woman is not allowed to visit a woman who is pregnant for the fast time.

4. If a woman does not conceive she observes "Badha" vows in which she denies herself certain foods or certain pleasures.

5. She promises to visit some religious place if conception takes place.

6. She goes to the local healer 'Bhuva" and gets a sacred thread tied to her wrist or some 'Tavij' so that she may conceive Leucorrhoea and Menstrual Problems.

Leucorrhoea

Leucorrhoea is the most widely prevalent women's gynecological problem which also remains untreated .

Scientific Discussion on information on leucorrhoea

Leucorrhoea is the most commonly found complaint amongst women. Women express it as "White discharge". Leucorrhoea is the discharge of a white coloured fluid from the vagina.

Normally, in order to maintain the lubrication of vagina, its walls secrete some fluid which is usually clear and in small quantities. This discharge increases before menstruation, during ovulation, pregnancy and coitus. Some women normally secrete more quantity of this discharge.

But, due to infection of any kind, the quantity and quality of this discharge changes. It can be recognised by the following signs/ characteristics.

1. Trichomonal infection : The discharge is yellowish green, foul smelling, with itching and redness of the genitals.
2. Monalial infection : The discharge is usually foul smelling thick, white and Curdish.

If this discharge turns brownish black or reddish, it indicates serious consequences.

Leucorrhoea : A Social Problem

Many times due to white discharge, women's petticoats get soiled and stick to them. Thus they cannot sit at once place for long. Very often women cannot attend social functions or social visits for the same reason.

Treatment of leucorrhoea

Many women approach the women health workers wherever they are available. The women health workers expressed helplessness for treatment due to lack of detailed theoretical and practical knowledge regarding the causes, types and treatment of Leucorrhoea and therefore their inability to contribute much towards its detection or treatment.

One of the woman narrated her experiences with village women by saying that she had referred cases of leucorrhoea to doctors and had persuaded their husbands to accompany them. However during the treatment husbands refused to take oral treatment and therefore women repeatedly got reinfected. Also at local level the woman health workers failed to convince them. The group felt that medical professionals should play the role of health educator in such situations and persuade the men to undergo treatment.

Role of Paramedical staff and Health Workers

The women felt that paramedical staff and health workers hardly played a role to solve this problem. Theoretical and practical input should be included during their regular training.

Problems Related to Menstruation

Scientific discussion on Menstruation

The process of menstruation was explained to the participants in detail with the help of CHETNA's Child Birth Picture Book.

The group listed following problems :

* Excessive bleeding
* Scanty bleeding
* Absence of bleeding
* Pain during menstruation

The participants were encouraged to spread awareness related to menstruation cycle and personal hygiene . High iron requirement of adolescent girls in context to menstruation and anaemia was discussed and health workers were encouraged to create awareness on it.

Gynecological Check-up

As we are aware, majority of Indian women are suffering from numerable gynecological infections. Due to unavailability of lady doctors at the village level, fear and several other reasons, these infections remain untreated. Apart from gynecological infections in our country, genital cancers also take a large toll of women every year.

cervical cancer has the highest reported incidence among Indian women. Early marriage and thereby, sexual exposure before the age of 21 years is the likely cause. Early detection through the Pepsmear test can detect the genital malignancy.

This facility is available at the academic medical institutes and larger Government hospitals free of cost. However such facilities are not easily accessible to the rural community, which is a high risk category for cervical cancer. The inherent psychological inhibitions in our society prevent people from this category to go through bureaucratic procedures. This is partly related to lack of knowledge.

With a view to generate awareness about importance of the gynecological check up and Papsmear test facilities were provided at the Health Mela with the objectives to encourage the women to come forward for the gynecological check-up and to create an awareness about importance of such check-ups

Observations and discussions

The participants who were willing to go through gynecological check-up were asked to give their names in advance. Initially the number was small but after initial hesitation many women came forward. However it was not possible to include all the willing participants in the limited time available. About 40 women underwent the gynecological check-up and 13 underwent the Papsmear test. The women who came forward had one or more complaints. Majority of women who underwent the check-up had different types of white discharge for which they were given appropriate advice on the spot.

The Papsmear test result of 13 women indicated that 70% were suffering from severe to acute inflammation, 20% had mild dyplasia and 10% were normal.

4

Strenghening the Role of Health Worker as a Health Educator

The Health Worker has to play an important role of a Health Educator to create health awareness at community level. Usually this component is neglected in many health programme. To provide importance to health education the participants were encouraged to develop health education material and use of traditional media for the health education

The visual material developed by the participants were then exibited. The participants presented the traditional folk media in a large group.

Designing of Visual Health Education Material

The main objective of this session was to sensitise the participants regarding their role as communicator in the health education. The participants were divided in to small groups and asked to designs posters, charts, slogans and songs on the following topics.

Immunisation
personal hygiene
diet and care during pregnancy
diarrhoea

Traditional Health Education Media

In the continuation of strenghening their role as a communicator the participant were encouraged to present traditional media like street play, puppet show and songs on any health topic. They were asked to develop the same at their orgasnisation level. The street play and songs were developed in their local dialect. The health workers were encouraged to use the folk media for health education as it does not involve any cost, it can be made interesting to make the message reach up to the community.

Collaboration of the State Government

Collaboration and co-ordination between GOs and NGOs is a very crucial part to work effectively towards improving the health status of women. Health workers from the voluntary sector face many problems at the field level and they need support of the Government infrastructure. A government official was invited to conduct the discussion with these women. Dr. Vinubhai Patel, Assistant Director, Public Health visited the Mela to address the participants.

He gave an overview of World Health Day to be held on the 7th April, 1990 and also explained the theme and messages of World Health Day.

CHETNA's concern about women's health was greatly appreciated by him and he encouraged the celebration of a Health Day on theme of Women's Health.

After this brief discussion, Dr. Patel encouraged the women health workers to discuss their field level problems and the support they needed from the Government. This session proved very meaningful.

The participants requested Dr. Patel to regularly provide nutrition and health education material. He assured the participants of the same. CHETNA also undertook the responsibility of distributing and circulating the Government's printed material.

5

Informal Evening and Morning Sessions

Women are usually so overburdened with work that they rarely find time to laugh and enjoy. They look forward to opportunities when they can be free and can express themselves. One of the objective or this Health Mela was to get women together in an informal group to enjoy by themselves as well as to learn without feeling bored.

Morning Sessions

Yogic Exercises

Women, universally have a lower status and they perform work, which is poorly paid for and is laborious. They look after their home and also perform outdoor duties. This affects their health causing fatigue, mental and physical stress and they thus become more susceptible to infection. Being physically over - worked, women suffer from backaches, headaches and lower abdominal pain. These problems have been given low priority by our Public Health System.

Yoga is an Indian traditional form of exercise which prevents and cures such complaints and improve the over all health. During the Mela, special yogic exercises were arranged on each day morning The specialist in this field demonstrated the exercises and the women participated enthusiastically.

Evening Sessions

On the first day of the Mela, to create an atmosphere of fair stalls were arranged with different activities in the open air. They were as follows.

Aim on what you want :

Fruits and vegetables such as chikoo, (sapota) mango, guava, banana, tomato, cucumber and other foods like roasted groundnuts, bengal gram were packed separately in plastic packets.

They were placed on the ground and the women had to stand 5 feet away from these materials. They were provided a rubber ring. The women had to select a packet and aim the ring at it. Each woman was given three chances. The packet she had aimed at successfully was gifted to her.

Try your Luck :

Sand was heaped on the ground. A gift was hidden in the heap. Each woman was given a chance to search for it from the heap of sand. A variety of fancy articles such as bangles, earnings, hair buckles, necklaces and anklet were hidden in the heap. Whatever item they found out in the first trial was given to them. The women wore the article they picked up in the first trial.

Lets become clean :

In this stall soap, water, mirror, hair oil, comb, nail cutter and napkin were kept. Each woman washed her hands, legs and face with soap and water and wiped them with napkin. Coloured napkin was gifted to everyone. Then she oiled her hair and combed it. While going out of the stall she was presented a Bindi (Indian decoration for forehead) to stick on her forehead.

Know your future :

A man with a parrot is a usual site in every Indian Rural Mela. A variety of cards are kept in front of the parrot. The parrot, comes out of the cage and picks up a card on which the persons future is written.

Keeping this in view, a parrot version of a puppet was especially designed and cards giving different health messages and some funny messages were designed. Each woman was curious to know her future. The parrot selected one card for each of them.

Game of Steps :

Large squares were drawn on the floor. The women were asked to jump on the squares until the music played. As soon as the music stopped they had to stop and answer the question written on a chit. The questions were related to health. Gifts were distributed for all the correct answers.

Rangoli :

Women were also given powdered colours and were asked to make Rangoli (Designs) on the ground to encourage their creativity.

Bio-Scope :

This is a traditional media used for telling stories to children. It was used in campaigns for family planning. The women were divided into groups where they were assigned different stalls. They were given a small gift if they won. This led to enthusiasm in participation. The young and the old, the daughters and the mother in- laws all played together without any hesitation. After the games, women sang songs and danced together.

On the second evening participants were encouraged to play the following games.

Tug of war

After the game was played twice, the rope though extremely strong, gave away. The participants enjoyed every moment of it. The message which was conveyed to them unknowingly was that, unity and collectiveness give strength to fight any cause.

Lemon and spoon race

Each participant had to hold a tea spoon in the mouth with a lemon on it. The participants had to run a race, balancing the lemon while running. The winner was the one who could finish the race without dropping the lemon.

Skipping

skipping is a traditional game in India. Women enjoyed skipping a long rope together.

Later the participants gathered after dinner and sang songs and danced till late hours with great enthusiasm.

Mehendi (Henna)

Applying henna is women's expression of happiness and love. The women applied henna on each other's palms after dinner. This made them to come closer to each other.

6

Closing Ceremony & Suggestions

The activities of the day were scheduled till evening. However,due to the outbreak of communal riots in Ahmedabad city participants and the organisers decided to close it earlier.

Closing Ceremony & Suggestions

The workshop ended with an inspiring speech from Dr. Shashi Vani, Head of Pediatric Department of Civil Hospital, Ahmedabad. She, in her speech encouraged and appealed to the health workers to give importance to women's health in their daily routine work.

Towards the end a few participants came forward and talked about the usefulness of the mela. They appreciated the idea of Health Mela and hoped CHETNA would arrange such activities regularly. According to them the Women's Health Mela has provided them :

- A plat form to share their experiences
- A new insight and a direction
- Details of different women's diseases
- Encouragement to strengthen their role as health educators
- An exposure because many of them had attended such an activity for the first time

With a vote of thanks the women's Health Mela came to end.

Suggestions

From the outcome of the women's health mela and on behalf of the participants we suggest that the following be included in the policy of the present health system.

I. Training of Health Workers

The regular long-term trainings and refresher trainings under -taken by Government and voluntary organization should give due importance to women's health. Gynecological diseases should be discussed in detail. The health workers should be given practical exposure to develop skills to recognise different gynecological and sexually transmitted diseases in women.

II. Training of Traditional Birth Attendants

During the regular training programmes of TBAs they should be given practical exposure in conducting normal delivery as well as how too manage difficult deliveries at the local level as majority of the deliveries in our country are conducted at local level.

The TBA's can be attached with the PHC for internship for a few months so as to get a proper guidance in the presence of the doctor. This would help them to build up their confidence to handle difficult cases if necessary.

III. Distribution of Health Education material produced by Government

The State Government designs and produces visual education material in bulk which is distributed through the Government infrastructure. The same material can be distributed among the voluntary groups. CHETNA would readily take responsibility with financial support for disseminating such material.

IV. The Health Education

The health workers should be encouraged to educate the community for utilizing the available health services. The other officials should regularly encourage them to do so.

The skills to perform traditional folk art to impart health education should be developed among the health workers to strengthen the component of health education at the community level. This can be done during regular and refresher training courses.

A fertility awareness programme (sex education) should be included in every training programme so as to impart it at community level to adolescent boys and girls.

ANNEXURE - 1

List of organizations participated in Women's Health Mela

1. Lalbhai Rural Development Fund, Ahmedabad
2. Lok Kalyan Trust, Modasa, Sabarkantha
3. Shroff Foundation Trust, Baroda
4. BIAF Vansada, Valsad
5. Shanti Deep Meghraj, Sabarkantha
6. Vahanvati Mahila Vikas Gruh Udhyog
7. Sadguru Water and Development Foundation, Dahod
8. Kadi Mahila Mandal, Ahmedabad
9. SEWA, Ahmedabad
10. SARATHI, Santrampur, Panchmahals
11. SEWA Mandal Meghraj, Sabarkantha
12. Sanchetana, Ahmedabad
13. Bhansali Trust, Radhanpur, Banaskantha
14. Tribhuvandas Foundation, Anand, Kheda
15. St. Joseph Dispensary, Khambhat
16. SEWA, Rural, Jhagadia, Bharuch
17. Lalbhai Rural Development Fund, Khedbrahma, Sabarkantha
18. Lalbhai Rural Development Fund, Khedbrahma/Dakor-Kheda

ANNEXURE - II

List of Health Education Material provided in the kit (Developed by CHETNA)

1. Child Birth Picture Book.
2. Flip charts on diseases.
3. Anaemia kit.
4. Book on health song.
5. Women's development song book.
6. UTSAH activity guide.
7. Amaro Patra Tamare Naam.

Following Pamphlets were also obtained from the Government to be included in the kit :

1. Pamphlet on late marriage.
2. Equality between son and daughter.
3. Family Walfare related pamphlets.
4. Water borne diseases.

ANNEXURE - III

Need for Awareness regarding women's health

The group came out with possible awareness strategy regarding women's health.

When imparting health education the health workers should discuss with women health problems specific to them and with the rest of the family members who could later provide support and encourage women to undertake appropriate medical treatment.

Mahila Mandals could be used as a forum to create awareness to initiate discussion on women's health. Mahila Mandals should be activised to take issues beyond singing 'Bhajan Kirtan' (devotional songs music). Social, religious and economic issues should be discussed and related to daily routine of women and should help create consciousness about their status.

To bring about an overall change the family should also be encouraged to educate the girls and give them appropriate opportunity to develop a new perspective so as to bring about a change elevate their status. Their daily routine discussions at the community level should emphasis this point.

CHETNA

Centre for Health Education, Training and Nutrition Awareness
Lilavatiben Lalbhai's Bungalow, Civil Camp Road, Shahibaug
Ahmedabad - 380 004 Gujarat, India
Phones : 866695, 866513
Gram : CHETNESS
Telex : 91-121-6779 CEE IN & 91-121-618 RASA IN
Fax : 91-272-866513 & 91-272-420242